

REGIONAL COMMUNITY SERVICES INCIDENT REPORT INSTRUCTION SHEET

Consumer Reporter Location Information:

Consumer #:	Individual's social security number
Sex:	Gender
Case #:	Assigned by RCS
Region #:	DMH/MR Community Services Region
Fname:	First name
Lname:	Last name
Phone:	Residential number
Address:	Location of residence
City/Zip:	City where residing
Residential Opr:	Name of home or subcontracting entity
Res Site Code:	Certification code of residential site
310:	Case management agency
Reported By:	Name of person reporting incident
Date Occurred:	Date incident occurred
Time Occurred:	Time incident occurred
Contact Relationship/Agency:	Where individual reporting incident is employed and their title
Contact Phone:	Phone number of agency where reporting individual is employed
Received by:	Person in RCS office receiving actual report (Completed by RCS)
Date Received:	Date incident report received in RCS office (Completed by RCS)
Time Received:	Time incident report received at RCS office (Completed by RCS)
Where Incident Occurred/Observe:	Physical location where incident happened (i.e. Kitchen)
Prog/Loc Opr:	Official name of site where incident occurred (i.e. Blake Home)
Loc. Site Code:	Certification code of site where incident occurred
310:	Case management entity over area where incident occurred

Incident Detail Information:

Primary Type Code/Title:	Code and title associated with the most significant/severe incident
Secondary (a) Code/Title:	Code and Title associated with the incident noted to be of next concern or importance
Secondary (b) Code/Title:	Code and title associated with the incident noted to be of lesser concern or importance
Staff/Other Involved:	Staff or individual, other than another consumer, involved in or contributing to incident
Their Status:	Involved staff or individual's status as of the reporting of the incident (i.e. suspended pending investigation)
Incident Description:	Describe how the incident occurred
Signature:	Signature of person reporting/completing incident report
Date:	Dated incident report completed
Supervisory Action or Planned by Provider:	Actions provider has or plans to complete with regards to the incident
Signature:	Signature of supervisor reviewing incident report
Additional Instructions Given by RCS:	Immediate request or recommendation from RCS to prevent future incident or injury

NOTIFICATIONS:

Note date reported to each agency notified.

Check to indicate all agencies that are investigating the incident.